Campaign Finance Disclosure Statement State of South Dakota

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S.D. SEC. OF STATE

County, municipal and school candidates file in the office where you filed your nominating petition.

12926
Statewide PACs, political party, ballot question and other committees file statement with the Secretary of State's Office.

Mail to Secretary of State's Office, Election Department, 500 E Capitol Ave., Ste. 204, Pierre, SD 57501-5070, fax to 605-773-6580 or email to kea.warne@state.sd.us Fax and email images must contain the signature and the original must be filed in our office within one week following the date the fax/email was received.

See pages 43-45	of the Guide	eline Book	for specific instru	actions on completing this report.	
Name of Commi	ttee:	Healthy	Communities Bal	lot Question Committee	
Complete Street	and Postal	Address:	3708 W Brooks	s Place; Sioux Falls SD 57106	
Name of Person	Making Re	eport:	David R Hewet	t, Treasurer	
Daytime Phone	Number:	605/361-	-2281	Evening Phone Number:	605/366-7335
Email Address:	dave.hev	vett@sdaho	.org	PAGE Bloker should be seen a second s	
If you are a can	lidate, wha	t office are	you seeking:	N/A	
	reporting p	eriod and	whether the mea	measure(s) the committee was insure was supported or opposed.	
Type of Campai	_			ort of Receipts & Expenditures mendment, supplement or termination	
	erification 1	nust be co	mpleted before s	ubmitting report.	
of my knowledge any statement, an	nendment, o	r correction	orrect and comple required subject	ertify that I have examined this repute. I also understand that failure to the treasurer responsible for filing ement remains delinquent.	o timely file ng to a civil
Date: Revised June 200	1/24/201 09	Ver 1.04	Signature of Trea	asurer R. Hewell Handth	SEGRETARY OF STATE

Schedule A - Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and enter this sum as unitemized contributions on the first line below. Any contribution of more than \$100 or aggregate during a calendar year from an individual and all contributions from political parties and PAC's must be entered as a separate item (itemized) giving the amount, name, residence address, city and state of the contributor. Any contribution from a federal political committee or political committee organized outside this state shall also include the name and internet website address of the filing office where the committee regularly files. Each type of contributor has their own section for itemization. This schedule may

Itemized Contributions from I	ndividuals:	
Name	Residence Address	Amount
Rapid City Regional Hospital	353 Fairmont Boulevard, Rapid City SD 57701	\$8,500.00
	Man	
	The state of the s	
Total of Itemized Contributions	from Individuals:	\$8,500.00

Schedule A - Direct Contributions (continued)

Itemized Contributions from Political Parties:		
Party Name	Address	Amount
		
Total Contributions from Political Parties:		\$0.00
		•
Itemized Contributions from South Dakota Political	Action Committees (PAC's) or Sou	th Dakota Candidate
Committees - All contributions must be itemized.		
PAC Name	Address	Amount
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Total Contributions from South Dakota Political Action Committees and South Dakota Candidate Committees:

\$0.00

Itemized Contributions from Federal Political Action Committees or Political Action Committees and Candidate Committees organized outside of South Dakota. The internet website address of the filing office where the committee regularly files their campaign finance report must be listed.

PAC Name	Internet Website Address	Amount
		1
	-	
		1
	ate Political Action and Candidate Committees:	

Total of All Direct Contributions: \$8,500.00

Schedule B - In Kind Contributions

Report all non-cash contributions of goods or services and the estimated fair market value. If the contribution is from a federal political committee or political committee organized ourside this state, list the name and interent website address of the filing office where the committee regularly files their campaign finance report.

Description of Non-Cash Contribution	Name and Residence Address or Name and Internet Website Address	Estimated Value

	Tabel of la Kind Contain to an	#0.00

Total of In Kind Contributions:

\$0.00

Schedule C - Other Income

Use this schedule to report any refunds, rebates, interest earned, sale of property or other income which is not a direct contribution.

Source of Income	Description of Income	1	Amount
Great Western Bank	Interest Earned		\$0.00
200 E 10th Street			*
Sioux Falls SD 57104			
		·	
		Total:	\$0.00

Schedule D - Establishing and Administration of Committee/Solicitation Costs

List a categorical description and the estimated value of funds or donations by any organization to its political committee for establishing and administering the political committee or soliciation costs of the political committee.

Organization Name and Categorical Desc	ription for Direct Funds	Estimated Value
South Dakota Association of Healthcare Organizations		
3708 W Brooks Place		
Sioux Falls SD 57106		
Labor - David R Hewett		\$0.00
Labor - Marnee L Aschoff		\$75.00
Labor - Joy Garrison		\$25.00
Support - Printing		\$0.00
Support - Postage		\$1.83
	Total of Administration/Solicitation Costs	\$101.83

Schedule E - Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for

Expenses		Contributions Made to Candiates and Committees		
Item	Amount	Name of Candidate or Committee	Amount	
Advertising		Vote Yes on K	\$8,500.00	
Consulting			70,000	
Postage				
Printing				
Rent				
Salaries				
Telephone	·····			
Travel				
Utilities	·			
Interest Paid				
Miscellaneous				
Other				
Other 1				
Entry to Events				
LINY TO EVEITS				
	······································	William Control of the Control of th		
	7.7	7700.000		

		Total Expenditure	es: \$8,500.00	

Schedule F - Debts and Obligations Owed by Committee

This schedule is to report all of the committee's obligations which are incurred but unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation. You must include the terms, interest rate and repayment schedule of each loan and the nature of each obligation.

Owed to - Lender's Name	Nature of Obligation or Terms of Loan	Street Address, City and State	Amount
			\$0.0
-			

			W1
		Total Obligations:	\$0.0

Schedule G - Loans Owed to Committee

This schedule is to report the amount of each loan owed to the political committee or political party. The amount of each loan made during the reporting period and the balance of each loan owed to the committee at the end of the reporting period must be itemized.

	Amount of Loan Made During the Reporting Period	Amount of Loan Repaid During the Reporting Period	Balance of Loan at the End of the Reporting Period
		•	
Totals:	\$0.00	\$0.00	\$0.00

Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period.

1.	Amount on hand, if any, at the beginning of the reporting period	\$0.00	
2.	Receipts		
	Schedule A - Direct Contributions	\$8,500.00	
	Schedule B - In-Kind Contributions	\$0.00	
	Schedule C - Other Income	\$0.00	
	Schedule D - Establishing/Administration of Committee	\$101.83	
	Total of all Receipts	\$8,601.83	
3.	Total Monetary Receipts		\$8,500.00
4.	Candidate's Personal Contribution to Own Campaign		\$0.00
5.	Monetary Loans to Candidate or Committee During Reporting I	Period	\$0.00
6.	Monetary Loans Repaid During Reporting Period		\$0.00
7.	Expenditures - Schedule E		\$8,500.00
8.	Debts and Obligations Owed by Committee - Schedule F	60.00	
9.	Monetary Loans Made by the Committee During the Reporting	Period - Schedule G	\$0.00
10.	Monetary Loans Repaid to Committee During the Reporting Pe	eriod - Schedule G	\$0.00
11.	Amount on hand at the close of this reporting period. *		\$0.00

^{*}Note: You cannot end the reporting period with a negative balance.

If you are a ballot question committee which received a contribution from an organization, please attach to this campaign finance disclosure statement, the Ballot Question Statement you received from the organization.



Supplemental Statement

OCT 29 777



Candidates, Political Action, Political Party or Ballot Grant Gommittees State of South Dakota

State law requires that if any candidate committee for statewide office (legislative candidates do not file supplemental statements), political action committee, ballot question committee, or political party receives a contribution of five hundred dollars or more within the fourteen days immediately prior to an election for which a campaign finance disclosure form may be filed, a supplemental statement shall be filed within forty-eight hours of receipt of the contribution. If the contribution is received on or after Election Day, a supplemental statement is not required to be submitted.

Full Name of Committee: <u>Healthy Communities Ballot Question Committee</u>	
You must list the name, street address, city and state of each contributor, the amount and date of each	

contribution of \$500 or more.

Name of Contributor

Street Address City and State

Amount of

Name of Contributor	Street Address, City and State	Amount of Contribution	Date of Contribution
Rapid City Regional Hospital	353 Fairmont Boulevard, Rapid City SD	\$8,500.00	10/28/2010
	<u> - </u>		<u> </u>

The following verification must be completed before submitting report.

VERIFICATION OF PERSON MAKING REPORT

ĭ	David R. Hew	tt(print name legibly), certify that I have examined
failure to	t and to the best of my know timely file any statement, a	ledge and belief it is true, correct and complete. I also understand that nendment, or correction required subjects the treasurer responsible for per day for each denothing that the statement remains delinquent.
Date:	10/28/2010	Disk Hunest
		Treasurer Signaturé

Submit Supplemental Statement to:
Secretary of State, Elections Department
500 East Capitol Ave., Ste 204
Pierre, SD 57501
or fax to 605-773-6580
or email to kea.warne@state.sd.us

Fax and email images must contain the signature(s) and the original must be filed in our office within one week following the date the fax/email was received.

Filed this

New 7-1-09

SECRETARY OF STATE

Ballot Question Contribution Statement State of South Dakota

Complete one of the following three sections that pertain to your organization.

Section 1	
Check here if your or South Dakota Secretary of	rganization is filed as a domestic or foreign entity in good standing with the Office of State.
Full Name of Organization	Rapid City Regional Hospital
Date: October 28, 2010	Signature:
*****	***********
Section 2	
domestic of foteldir cutify if	nization that makes a contribution to a ballot question committee that is not filed as a good standing with the South Dakota Secretary of States Office, to include Section 2 ent with any contribution to a ballot question committee.
Full Name of Organization:	
	se Law the Organization is Incorporated or Organized:
	ization's Principle Office:
	Signature:

Section 3	· · · · · · · · · · · · · · · · · · ·
Toursell of Tolerell Cliffich Ill	ization that makes a contribution to a ballot question committee which is not filed as a good standing with the South Dakota Secretary of States Office and is not eligible to lude Section 3 of this informational statement with any contribution to a ballot
Full Name of Organization:	
	zation's Principle Office:
You must provide the names	and street addresses of any owners, directors, or officers of the organization including